MAR 1 4 2007

						_		9	&H Fom	n: (02/05)	
	Attorney Docket No.			1344.1134							
REPLY/AMENDMENT FEE TRANSMITTAL						10/789,998					
						March 2, 2004					1
				First Named		Takafumi TERAHARA					
						lak	Takatum TEKATUTU				
	Inventor Group Art Unit		261	3							
	Group	THE OTHER	Ĺ.								
AMOUNT ENCLOSED			120.00	Examiner Name		Li Liu					
FEE CALCULATION (fees effective 12/08/04)											
CLAIMS AS Claims Remaining		Highest Number Previously Paid For		Number Extra		Rate		Calculations			
AMENDED			Previously	77 810 1 01		X \$ 50.00 =			\$ 0.00		
TOTAL CLAIMS	13		-	<u>20 = </u>	0		X \$ 200.0		0.00		
INDEPENDENT CLAIMS	1			, <u> </u>					120.00		
are the Artist and ariginal due date of February 14, 2007, petition is										120.00	
the state of the second to sover the date this felling siled by which the require											i
fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$7,020)); (4 months											
(\$1,590)); (5 months (\$2,160):											
If Notice of Appeal is enclosed, add (\$500.00)											
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)											
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)									\$	120.00	5
Total of above Calculations = Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)											
Reduction by 50% for filling by small entity (57 OF 17 1.55, 175. 5. 1.5.)									\$	120.00	ō
TOTAL FEES DUE = (1) If entry (1) is less then entry (2), entry (3) is "0".											
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20".								SUSSESSE SEGNITOR	CCTCC IS DE	ynaan.aa Mag trans-	
(4) If early (4) is less than entry (5), entry (6) is "0".								o to Ot	ಯಲುವಾಣ	nor for Patt	ents,
(5) If entry (5) is less than 3, change entry (5) to "3". P.O. Box 1460, Alexagon									3, VA 22) -
METHOD OF PAYMEN 1 STAAS & MALSTY									90	777	
Check en	Check enclosed as payment.									7.6	207
Charge "TOTAL FEES DUE" to the Deposit Account No. below.											
No payment is enclosed.											
GENERAL AUTHORIZATION If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit											
☑ If the abo	ove-noted	"AMOUNT E	NCLOSED	" is not co	rrect, the Comr	nissio	ner is here	by at	ithorize	ed to cre	30IT
any over	payment	or charge any	additional	tees nece	ssary to:						
	Deposit Account No. 19-3935										
Deposit Account Name STAAS & HALSEY LLP The Commissioner is also authorized to credit any overpayments or charge any additional fees required under the Commissioner is also authorized to credit any overpayments or charge any additional fees required under the Commissioner is also authorized to credit any overpayments or charge any additional fees required under											
1 27 AED	4 46 (filin	n face) or 37 (:FR 1 1/7	processing	a rees) duning d	iie bic	GCCGGC, C	f this	applic	ation, in	cluding
continua	tione/divi	sionals/CIPs u	ınder 37 C	FR 1.53(b)) ang/or conunc	(Stiolis	s/divisional	5/UP/	רוט פר	ei 31 U	
1.53(d)) to maintain pendency hereof or of any such related application. SUBMITTED BY: STAAS & HALSEY LLP											
			$ \top$	Reg. No.	57,4	7,485					
Typed Name	Juseph	W. Iskra							l.	14. 2	0117
Signature	1/1				Date	<u>M</u>	1arch 14, 2007				
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